

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.

10/517981

FILING DATE

APPLICANT(S)

12/29/05 7/14/05 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			/		/		51						
2				/		/	52						
3				/		/	53						
4				/		/	54						
5			/		/		55						
6				/		/	56						
7				/		/	57						
8				/		/	58						
9			/		/		59						
10				/		/	60						
11			/		/		61						
12				/		/	62						
13				/		/	63						
14				/		/	64						
15				/		/	65						
16				/		/	66						
17				/		/	67						
18				/		/	68						
19				/		/	69						
20			/		/		70						
21				/		/	71						
22				/		/	72						
23				/		/	73						
24				/		/	74						
25				/		/	75						
26				/		/	76						
27				/		/	77						
28				/		/	78						
29				/		/	79						
30				/		/	80						
31				/		/	81						
32				/		/	82						
33				/		/	83						
34				/		/	84						
35				/		/	85						
36				/		/	86						
37				/		/	87						
38				/		/	88						
39				/		/	89						
40				/		/	90						
41				/		/	91						
42				/		/	92						
43				/		/	93						
44				/		/	94						
45				/		/	95						
46				/		/	96						
47				/		/	97						
48				/		/	98						
49				/		/	99						
50				/		/	100						
TOTAL IND.			4				TOTAL IND.						
TOTAL DEP.			16				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						